

SCC eFile	2012 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	212517646			
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: Grayson County, Virginia Heritage Foundation</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: RICHARD BALLARD 578 F EAST MAIN ST INDEPENDENCE, VA 24348</p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: GRAYSON COUNTY</p> <p>4.) STATE OR COUNTRY OF INCORPORATION: VA</p> </div> <div style="width: 35%;"> <p>DUE DATE: 6/30/2012</p> <p>SCC ID NO: 06786974</p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	
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<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="text-align: center;">ADDRESS: 578 F EAST MAIN ST PO BOX 679</p> <p style="text-align: center;">CITY/ST/ZIP: INDEPENDENCE, VA 24348</p>					
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: ELEANOR J COX TITLE: TREASURER ADDRESS: 405 SPENCER BRANCH RD CITY/ST/ZIP/CO: MOUTH OF WILSON, VA 24363 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: ELEANOR J COX TITLE: TREASURER ADDRESS: 405 SPENCER BRANCH RD CITY/ST/ZIP/CO: MOUTH OF WILSON, VA 24363	<input checked="" type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR
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NAME: BUFORD C WILSON TITLE: VICE CHAIR ADDRESS: 960 CRANBERRY RD CITY/ST/ZIP/CO: GALAX, VA 24333	<input checked="" type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR			
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Ginger Ballard DIRECTOR 448 Cummings St. Apt 281 Abingdon, VA 24210	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Barb Norvell DIRECTOR 700 N Bentsen Palm Dr #403 Mission, TX 78572	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Donna Correll DIRECTOR 586 Possum Run Elk Creek, VA 24326	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Gil Wetmore DIRECTOR 2278 Fulton Road Independence, VA 24348	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Carol Lewis DIRECTOR 4479 Old Bridle Creek Dr Independence, VA 24348	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Richard Lewis DIRECTOR 4479 Old Bridle Creek Dr Independence, VA 24348	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	David Wright DIRECTOR 61 Pinehurst Drive Daleville, VA 24083	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	George Simmons DIRECTOR 27835 Watermark Dr. Menifee, CA 92585	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ RICH BALLARD SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	RICH BALLARD, SECRETARY PRINTED NAME AND CORPORATE TITLE	5/11/2012 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			